

Helene V. Ramos

MA, Dipl. PW, Certified Medical Support Hypnotherapist, Reiki Master-Teacher

Information & Participation Agreement for Medical Support Hypnosis

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone: Day _____ Evening _____ Mobile _____

Email _____

Please check the phone number(s) above where I can leave a message for you if necessary

Age _____ Birthdate _____

Marital Status _____ Occupation _____

Medical conditions or challenges _____

Are you currently under a physician or medical practitioner's care for this/these conditions?

Yes No

Name of physician _____ How long since your last

visit with a physician _____ Anything notable about the visit? **Yes No**

Date of last visit _____

It is generally to your advantage if your physician is supportive of your use of medical support hypnosis as an adjunct to your medical care. Have you discussed this with your doctor and is s/he in agreement with adding this modality to your care? **Yes _____ No _____**

Are you currently taking any prescription medications? **Yes _____ No _____** If yes, please list them and the dosage you take.

Have you ever been in therapy or counseling before? **Yes No** If yes, for how long? _____

Did you find it beneficial? **Yes _____ No _____** Are you currently in therapy/counseling: **Yes _____**

No _____ Is your therapist aware of our work together? **Yes _____ No _____**

Have you ever been hypnotized before? **Yes No** Do you meditate? **Yes No**

What are your experiences, if any, with altered states of consciousness?

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What are your spiritual or religious beliefs or philosophy of life?

What were the religious or philosophical beliefs of your family of origin?

What do you most want to explore during our sessions together? _____

Please circle any of the following on which you wish to focus:

Anxiety/stress*	fears of:_____
Angry feelings	Lack of motivation
Body Symptoms	Lack of energy
Insomnia	Unwanted habits:_____
Body image issues	Focus and concentration
Shyness	Midlife issues
Test Anxiety	Low self-esteem
Other_____	

***PLEASE NOTE:** If you are in the process of coming to terms with severe anxiety or stress it may be in your best interest to also be in treatment with a licensed mental health professional. My services are appropriate as adjunctive or supportive treatment but in these cases, the knowledge and consent of your therapist will make this process more productive for you. It may also be helpful, with your permission, for me to consult with your therapist about your process. We can discuss this together if it becomes appropriate to do so.

Why did you choose me to help guide you on your exploration?

How did you hear about my services?

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Client Participation Agreement & Practice Policies

Please read carefully and sign:

Hypnotherapy is an educational and self-improvement process that facilitates access to a person's internal resources to assist him/her in solving problems, increasing motivation, or altering behavior patterns to create positive change.

Hypnotherapy is not a substitute for medical treatment of psychotherapy. Helene Ramos does not practice medicine or psychotherapy and her services are not a replacement for counseling, psychotherapy, psychiatric or medical treatment. No service or product provided is intended to diagnose or treat any disease or illness, psychological or mental health condition.

Medical Support Hypnotherapy - is used only as an adjunct to conventional medical treatment. Consultation with a licensed physician is required before medical support hypnotherapy services are provided.

I am a fellow of the International Board of Hypnotherapy and practice in accordance with its Code of Ethics and Standards. If you have a complaint about my services or behavior that we cannot resolve personally, you may contact: The International Board of Hypnotherapy, 2132 Osuna Road, N.E., Suite B, Albuquerque, NM 87113, 505.767.8030 to seek redress.

ENERGY WORK: In sessions that involve energy medicine (Reiki or Shamanic techniques) I understand that Ms. Ramos will be working in my energy field or directly with my body through physical touch. By signing this form I give my permission for work to be done in this manner and consent to this form of contact. Should you experience any discomfort during an energy work session, please inform Ms. Ramos immediately. You are in charge of your experience at all times.

I understand that the services provided to me are for self-improvement purposes and are not for the diagnosis or treatment of any mental or physical ailment. Time and effort outside office sessions will be necessary to get the results you want. In addition, working on yourself can be stressful or upsetting at times. If you are questioning whether now is the time to tackle a problem, we should discuss this. Our sessions together will be most productive when you are motivated and have some time to devote to the process beyond the time we're meeting.

Fees and Payment: My fees are designed so that you can afford to come and I can afford to stay in practice. Fees cover my time with you as well as activities on your behalf such as research, record keeping, and contacts with your physician or other providers. Payment is required for each session. Sessions vary in length from 1 hour to 2 hours or more depending on the issue being discussed and the process being employed. All sessions are payable by cash, check or credit card (with a 2.75% handling fee) at the beginning or end of the session unless other arrangements have been made in advance. Please note that I

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am not able to accept payments from your insurance company or file claims for you. However, if you have a *health savings account* or similar resource and have ascertained that they will cover the costs of our sessions, I can provide you with a professional invoice for services. Please let me know about this before we begin our work together.

Appointments: It's my intention to begin all appointments on time, which means I will end them on time, in order to be ready for my next appointment. If you arrive late for an appointment, we will have less time to work. In the event that an appointment must be rescheduled, you agree to give at least 24 hours notice by phone or e-mail. In the event that an appointment is not rescheduled within 24 hours or if you do not come to my appointment, you understand that payment in full for the missed session is due prior to the next session.

Emergency procedures: I will not answer non-emergency calls while in session with clients, but you may leave a message on my confidential voice mail. I try to answer all calls as soon as possible, but if I have not responded within a reasonable time, please try again (especially if your call is urgent!). **Do not hesitate to seek help in an emergency situation by calling 911, the mental health crisis line at 434-972-1800 or going to the nearest emergency room.**

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I affirm that I am of legal age and in consideration of my acceptance as a participant in this hypnosis, hypnotherapy session, age regression, or any other service provided by Helene V. Ramos, I for myself, my heirs, executors, administrators and assigns, do hereby release and discharge Helene V. Ramos or other participants from all claims of damages, copyright demands or actions whatsoever in any manner arising from or growing out of my participation.

I, (name) _____

Address _____

Phone _____ email _____

give my permission, for my practitioner, Helene V. Ramos, to take notes about me, including health history/medical and /or personal information I choose to disclose to her in the course of our sessions.

This information will not be disclosed to a third party, including my physician, without my express written consent on a separate "Consent for Release of Information" form, except in the following instances:

- in response to a subpoena from a court
- in cases of reported child or elder abuse or
- in the case of imminent danger to myself or others.

Should any of the situations above occur, the required disclosure will be discussed with me beforehand.

Your signature below constitutes your consent to exploring your thoughts, feelings and behaviors in these ways and indicates that you understand and agree with all of the above.

Your Signature

Today's Date _____

Please, print your name _____